

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025577
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1870

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN NormandyLength of stay in 1b
3 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Normandy OsteopathicInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louisc. CITY OR TOWN Normandy, St. Louis (21)Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
7524 Norwalk LaneReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Otto Middle H Last Rottmann4. DATE OF DEATH
Month June Day 18 Year 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3-4-18949. AGE (last birthday)
68IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Manufacturers Agent (retired)10b. KIND OF BUSINESS OR INDUSTRY
Frank Adam Electric Co11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
Anthony Rottmann13b. MOTHER'S MAIDEN NAME
Frances Kirchner14. NAME OF HUSBAND OR WIFE
Mirianne Rottmann15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, Yes or unknown) (If yes, give war or dates of service)
1st World War

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs. Marianne Rottmann, 7524 Norwalk Lane

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Respiratory + Cardiac arrest
Cerebrovascular ischemic + Cerebral infarction
Cerebrovascular accidentINTERVAL BETWEEN ONSET AND DEATH
72 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 12:47 a.m. P. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at 12:47 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Funeral Director
Math Hermann & Son, Inc., 2161 E. Fair Ave
St. Louis, 7, Missouri

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Ford G. Burnley

Licensed Embalmer No. 4303

P. O. Address Elk Grove, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.